

## INDEPENDENT ADOPTION PLACEMENT AGREEMENT

**Note to placing parent:** This form will become a permanent and irrevocable consent to adoption. Do not sign this form unless you want the adopting parents named below to adopt your child.

### PLACING PARENT SECTION:

I, the undersigned, being the parent of \_\_\_\_\_, a male/female child  
FULL NAME OF CHILD  
 born on \_\_\_\_\_ at \_\_\_\_\_, place said child  
DATE OF BIRTH CITY AND STATE OF BIRTH  
 with \_\_\_\_\_ for the purpose of independent adoption. I understand  
FULL NAME(S) OF ADOPTING PARENT(S)

that I may revoke this Independent Adoption Placement Agreement only during the ninety (90) day period beginning on the date I sign this agreement and only if I have not waived my right to revoke the agreement. If I take no further action, this agreement shall become a permanent and irrevocable consent to the adoption on the 91st day after I sign it. I further understand that with the signing of the order of adoption by the court I shall give up all my rights of custody, services, and earnings of said child and I may not reclaim said child.

I was advised of my rights in the independent adoption process on \_\_\_\_\_. These rights are summarized on the attached Statement of Understanding which I have read and signed. DATE

The person or persons named above have my permission to care for this child in his/her/their home.

The person or persons named above have my permission to make any provisions for medical and surgical care for this child, including anesthesia, which may be deemed necessary or advisable by any licensed physician, for a period not to exceed one year from the date this agreement is signed.

I understand that if this child is found to be subject to the Indian Child Welfare Act, this placement agreement will not be valid.

I have decided to place my child for adoption with the person or persons named above, and I am signing this freely and willingly.

SIGNATURE OF MOTHER	DATE SIGNED	SIGNATURE OF FATHER	DATE SIGNED

### ADOPTING PARENT SECTION:

I, the above adopting parent, accept the placement of \_\_\_\_\_  
CHILD'S NAME  
 by \_\_\_\_\_ into my home with the intent of adoption.  
PLACING PARENT(S)

I agree to file a petition to adopt this child with the superior court in \_\_\_\_\_ County, the county where I reside, within ten working days after signing this agreement.

I agree that if, during the time period specified above, the placing parent signs and delivers to the investigating adoption agency a statement revoking the consent and requesting that the child be returned, I shall immediately return the child to the custody of the placing parent(s).

I agree that until the adoption is granted by the court:

- A. I shall place the child under the care of a licensed physician and follow his or her recommendations for health care for the child, including immunization.
- B. I shall not take the child from the county named above for a period of more than 30 days without the approval of the court. I understand that the court may issue an order which prevents me from taking the child out of the county at all.
- C. I shall not conceal the child from the placing parent, the investigating adoption agency, or the court.
- D. I shall inform the agency of changes in my family or place of residence.
- E. I shall assume responsibility for board, lodging, maintenance, medical care, and any other care for the child, and for any damages resulting therefrom.

I understand that if this child is found to be subject to the Indian Child Welfare Act, this placement agreement will not be valid.

I have been informed of the basic health and social history of the birth parents.

SIGNATURE OF ADOPTING MOTHER	DATE SIGNED	SIGNATURE OF ADOPTING FATHER	DATE SIGNED

## DATE